



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

July 23, 2004

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Lichti Brothers Oil Company d.b.a. Shell Food Mart requesting two class B liquor licenses.

The locations requested are 6000 Havelock Avenue, and 1101 Belmont Street. These locations were previously known as Texaco Stations and both held class B liquor licenses.

Timothy Lichti, president has requested that he be approved as the manager of both liquor licenses.

Background information on the applicant is as follows:

Timothy Lichti was born in Hebron, Nebraska. He attended Doane College graduating in 1979. Mr. Lichti has been self employed since 1982.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Shell Food MART

☒ Manager ☒ Owner Other _____

Name: Timothy Licht;

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes
Explain _____

Is spouse qualified to hold a license ? ☒ Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly N/A

How many hours will applicant be at the establishment ? 2 on site manager
Limited.

Any other employment ? No ☒ Yes explain 7 TOTAL STORES

Any previous experience with a liquor license? Yes ☒ No

Any criminal convictions ? No ☒ Yes

Comments See ATTACHED.

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 7 / 23 / 04

STATE OF NEBRASKA

Mike Johanns
Governor

8-16-04
130
NEBRASKA LIQUOR CONTROL COMMISSION
Robert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

CERTIFIED

July 20, 2004

City Clerk
555 South 10th Street, Ste. 103
Lincoln, NE 68508

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.


PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,
NEBRASKA LIQUOR CONTROL COMMISSION


Tami Freeman
Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman
An Equal Opportunity/Affirmative Action Employer

R.L. (Dick) Coyne
Commissioner

FILED
CITY CLERKS OFFICE
JUL 21 P 3:56
CITY OF LINCOLN
NEBRASKA

TEXAS

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

RECEIVED

JUL 16 2004

**NEBRASKA LIQUOR
CONTROL COMMISSION**

replacing 37270

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk (*)

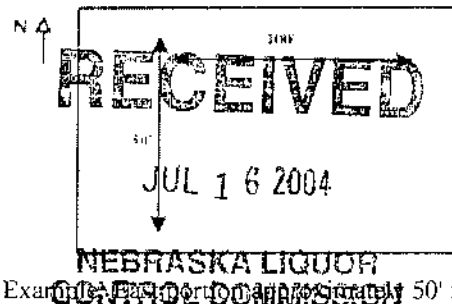
CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

| Class of License (Check applicable class) * | Registration Fee | License Fees | Corporate Surety Bond |
|---|---------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input checked="" type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits | \$45.00 | \$150.00 | exempt |
| <input type="checkbox"/> DI Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction | \$45.00 | \$150.00 | exempt |
| <input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale) | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> H Nonprofit Corporation | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> K Wine Only, Off Sale | \$45.00 | Collected at Local Level | exempt |
| <input type="checkbox"/> O Boat | \$45.00 | \$50.00 | exempt |
| <input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits | \$45.00 | Varies \$100 to \$1,000 | \$10,000 min. |
| <input type="checkbox"/> X Wholesale Liquor | \$45.00 | \$500.00 | \$ 5,000 min. |
| <input type="checkbox"/> W Wholesale Beer | \$45.00 | \$250.00 | \$ 5,000 min. |
| <input type="checkbox"/> Y Farm Winery | \$45.00 | \$250.00 | \$ 1,000 min. |
| <input type="checkbox"/> L Craft Brewery (Brew Pub) | \$45.00 | \$250.00 | \$ 1,000 min. |

| TYPE OF APPLICATION * | | CORPORATE SURETY BOND INFORMATION | |
|--|---------------------|--|--------------------|
| Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached | | Bond Company - for Classes L V W X Y only _____ Start Date Month/Day/Year Bond Number _____ | |
| SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants | | | |
| Trade Name (name of business) Shell Food Mart | | Telephone Number at premise to be licensed 402-464-2752 | |
| 1) Street Address of Proposed licensed premise 6000 Havelock | | 2) Mailing Address for receipt of Liquor Control Commission mailings P O Box 107 | |
| City Lincoln | County Lancaster | City Shickley | County Fillmore |
| Zip Code 68507 | | Zip Code 68436 | |

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: Basement of 3 story building 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

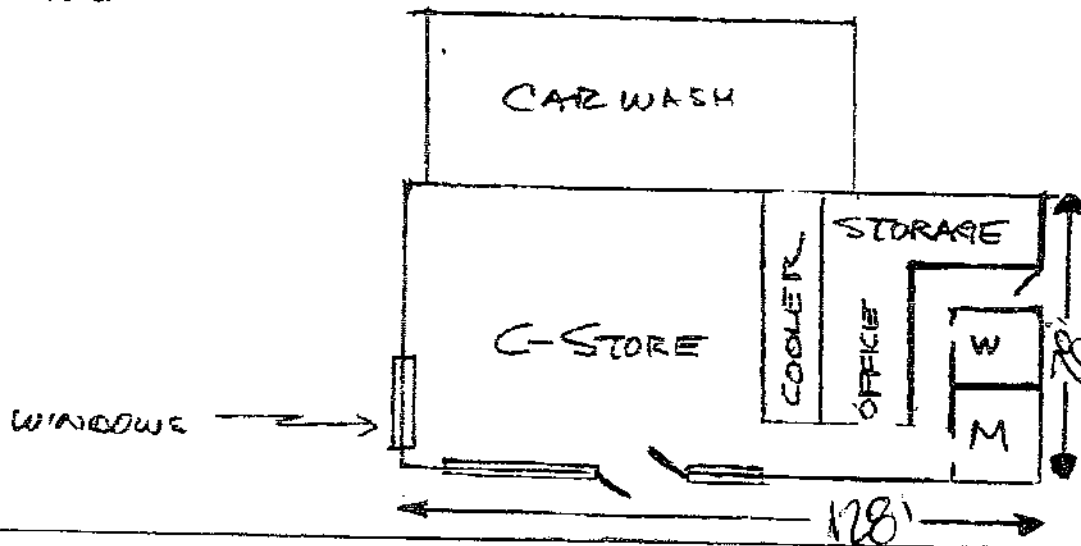
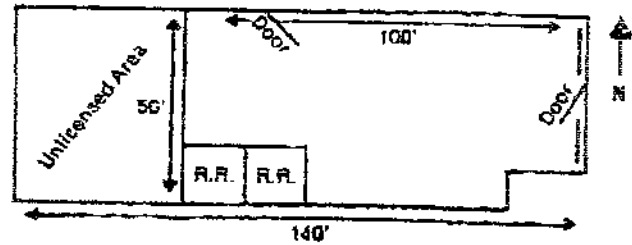
See attached

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided, describe and diagram the structure to be covered by the license. Areas to be covered should include alcoholic liquor storage areas, sales areas and areas of consumption. If only a portion of the building is to be covered by the license, you should still include dimensions (length x width) of the entire building. No blue prints will be accepted. Be sure to indicate North, and number of stories in building.

EXAMPLE

1810 West 10th St. - East portion approx. 50' x 100' of main floor of 3 story building plus basement approx. 30' x 50' at east end.



one story bldg
approx 28' x 128'

RECEIVED

JUL 16 2004

NEBRASKA LIQUOR
CONTROL COMMISSION

| SECTION B | | | OTHER INFORMATION REQUIRED * |
|--|---|--|--|
| | Yes | No | Explanation/Comments Note: Only what is visible on screen will be printed |
| <p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p> | Yes <input checked="" type="radio"/> | No <input type="radio"/> | <p>Tim: Using false ID, Lincoln, mid 1970's; DWI, Lancaster County, late 1970's; several speeding tickets over the years.</p> <p>Judy, stop sign violation, early 1980's</p> |
| <p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p> | Yes <input checked="" type="radio"/> | No <input type="radio"/> | |
| <p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p> | Yes <input checked="" type="radio"/> | No <input type="radio"/> | replacing 37270 |
| <p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p> | Yes <input type="radio"/> | No <input checked="" type="radio"/> | |
| <p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p> | Yes <input type="radio"/> | No <input checked="" type="radio"/> | |

| | | | |
|---|---|--|---|
| <p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | <p>Linweld - CO2 bulk tank Sowers Club - pickle machine <i>Cornhusker Bank- ATM</i></p> |
| <p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p> | <p>Yes <input type="radio"/></p> | <p>No <input checked="" type="radio"/></p> | |
| <p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p> | <p>Union Bank: Tim Lichti, Mike Jaberg</p> | | |
| <p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p> | <p>None</p> | | |
| <p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p> | <p>Deb Jones 40 plus hours per week</p> | | |

| | | | |
|--|--|--------------|----------------------------|
| 13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products. | 7 years experience | | |
| 14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed) | copy of deed attached <i>deed</i> | | |
| 15. When do you intend to open for business? | immediately, upon filing application and obtaining temporary agency number | | |
| 16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet. | | | |
| NAME | FROM (YEAR) | TO (YEAR) | RESIDENCE (CITY, STATE) |
| Timothy Lichti | 1982 | 2004 | Shickley, Ne |
| Judith Lichti | 1982 | 2004 | Shickley, Ne |
| Lawrence Lichti | 1933 | 2004 | Shickley, Ne |
| Edna Lichti | 1932 | 2004 | Shickley, Ne |
| | | | |
| | | | |

RECEIVED

JUL 16 2004

**NEBRASKA LIQUOR
CONTROL COMMISSION**

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here

T. Felt

Sign
Here

Judith E. Felt

Sign
Here

Lauren Felt

Sign
Here

Edna Felt

Sign
Here

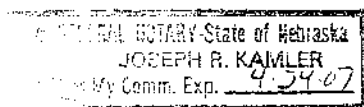
Sign
Here

Sign
Here

Sign
Here

Subscribed in my presence and sworn to before me this 16 day of July, 2004

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

Joseph R. Kamler

Notary Public Signature

Verify & Print form

FORM 35-4010

1

REV 1/01

Corporation/LLC Application for License - Form 3 Nebraska Liquor Control Commission

RECEIVED
JUL 16 2004
NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
 - 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
 - 3) Information regarding spouses must be completed
- Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

Licht Bros. Oil Co., Inc *

Total Number of Shares (if corporation)

28300 *

Corporate Street Address

301 N Market *

Mailing address for receipt of Liquor Control Commission Mailings

P O Box 107 *

Corporate Telephone Number

402-627-2235 *

City

Shickley *

County

Fillmore *

State

Ne *

Zip Code

68436 *- 0107

Name of Registered Agent

Lawrence Lichti *

Name of Proposed Manager

Timothy Lichti *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Timothy Lichti *

Title

President *

Date of Birth

*

Social Security Number

*

Home Address (1)

312 Rd 7 *

City

Shickley *

State

Ne *

Zip Code

68436 *-

Home Telephone Number

402-627-3255 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Timothy Lichti

President

Spouse Name

Judith Lichti

Partner Number of Shares / % .29678

Spouse Number of Shares / % .24806

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Lawrence Lichti

VP/Sec/Treas

Spouse Name

Edna Lichti

Partner Number of Shares / %

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Douglas Lichti

Spouse Name

Margaret Lichti

Partner Number of Shares / % .24841

Spouse Number of Shares / % .20675

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

| | | | |
|--|--|--|----------------------------------|
| _____ Spouse Name | | _____ _____ _____ | _____ _____ _____ |
| _____ Partner Number of Shares / % | | _____ _____ _____ | |
| Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases | | | |
| Name _____ _____ _____ | Social Security Number _____ _____ _____ | Date of Birth _____ _____ _____ | Title _____ _____ _____ |
| Spouse Name _____ _____ _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Partner Number of Shares / % _____ _____ _____ | Spouse Number of Shares / % _____ _____ _____ | | |

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☐ No ☒Name of control Corporation

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

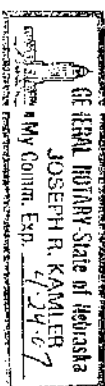
Please indicate below your corporate tax year with the IRS

Starting date: July 1 Ending date: June 30

State of Nebaska
Fillmore County

)
)
) ss.
)

Joseph R. Kamler
 Notary Public Signature & Seal



In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Verify Form and Print

By T. J. J. J.
 President/Member

Secretary/Member

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to:

Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

Lichti Bros. Oil Co., Inc.

Class & License number

B

Trade Name of Licensed Premise

Shell Food Mart

Street Address of Licensed Premise

6000 Havelock

City

Lincoln

County

Lancaster

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

Applicant

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Lichti, Timothy C.

Sex *

F

M

Social Security Number

Date of Birth

*

Place of Birth

Hebron, NE

*

| | |
|-------|---|
| Sex * | |
| F | M |

Social Security Number

*

Home Street Address

312 Rd 7 *

City

Shickey *

County

Fillmore *

State

NE *

Zip Code

68436 *

Home Telephone Number

402-627-3255 *

Business Telephone Number

402-627-2235 *

Drivers License Number

* *

State

Ne *

Are You Married? * Yes ☒ No ☐ If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Licht, Judith E. Chilcoat

Social Security Number

Drivers License Number

State

Ne

Date of Birth

Place of Birth

Norfolk, Ne

* 1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes ☐ No ☒

Tim - wrong feds ID - Lincoln mid 70's; DUI - Lancaster Co. - late 70's; several speeding tickets over the years
 Judy - stop sign violation early 80's

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No
☐ ☒

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No
☐ ☒

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

Yes No
☒ ☐

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No
☒ ☐

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

Year

From To

Applicant: City & State

Shickley, Ne

57

79

Spouse: City & State

Stanton, Ne

59

81

| | |
|-------------------------|-------|
| Year From To | |
| Applicant: City & State | |
| York, Ne | 79 82 |
| Spouse: City & State | |
| York, Ne | 81 82 |

| | |
|-------------------------|-------|
| Year From To | |
| Applicant: City & State | |
| Shickley, Ne | 82 04 |
| Spouse: City & State | |
| Shickley, Ne | 82 04 |

| | |
|-------------------------|--|
| Year From To | |
| Applicant: City & State | |
| | |
| Spouse: City & State | |
| | |

EMPLOYERS - LIST LAST TWO EMPLOYERS

| | |
|-----------------------------|----------------------------------|
| Year From To | |
| Name of Employer | |
| Lichti Bros. Oil. Co., Inc. | 1982 2004 |
| Name of Supervisor | |
| self | Telephone Number 402-627-2235 |

| | |
|------------------|-----------|
| Year From To | |
| Name of Employer | |
| Cornerstone Bank | 1979 1982 |

Name of Supervisor _____

Dale Adams

Telephone Number _____

402-363-7411

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)

) SS

COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. 853-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Signature of Applicant

Subscribed in my presence and sworn to before me this 16 day of July 2004.

Notary Signature & Seal

Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 16 day of July 2004.

Notary Signature & Seal

